

**Iowa Department of Natural Resources**  
**Wastewater Section**  
**Construction Permit Application**  
**SCHEDULE P, Gas Chlorination**

DATE PREPARED	PROJECT IDENTITY	DNR USE
DATE REVISED		PROJECT NO.
		PERMIT NO.

Chlorinator Room

1. Is the building used for other purposes? \_\_\_\_\_
2. Do doors open only to the outside of the building? \_\_\_\_\_  
     Is panic hardware provided? \_\_\_\_\_ Viewing window provided? \_\_\_\_\_
3. Forced air ventilation: \_\_\_\_\_ air changes/hour  
     Activated by: \_\_\_\_\_
4. Other ventilation system: \_\_\_\_\_
5. Is the room heated? \_\_\_\_\_ How? \_\_\_\_\_
6. Is self-contained breathing equipment provided? \_\_\_\_\_  
     Type \_\_\_\_\_
7. Method of chlorine leak detection? \_\_\_\_\_
8. Type of scale \_\_\_\_\_
9. Chlorine cylinder restraints provided? Yes ☐ No ☐

Chlorination Units

1. No. and type of units \_\_\_\_\_
2. Point of application \_\_\_\_\_
3. Total rated capacity \_\_\_\_\_ lbs/day
4. Chlorine dosage range \_\_\_\_\_ mg/l at design flow
5. Water is supplied by \_\_\_\_\_

Mixing

Is flash mixing provided? \_\_\_\_\_ Type \_\_\_\_\_

Chlorine Contact Tank

1. No. of tanks \_\_\_\_\_ Location \_\_\_\_\_
2. Effective dimensions \_\_\_\_\_
3. Effective volume \_\_\_\_\_ gal.
4. Detention time \_\_\_\_\_ Min. at AWW flow of \_\_\_\_\_ MGD  
     \_\_\_\_\_ Min. at PHWW flow of \_\_\_\_\_ MGD  
     \_\_\_\_\_ Min. at maximum pump rate of \_\_\_\_\_ GPM
5. Are tanks baffled to reduce short circuiting? \_\_\_\_\_  
     Length to width ratio \_\_\_\_\_
6. Method of draining \_\_\_\_\_
7. Drainage discharge to \_\_\_\_\_
8. Is service bypass provided? \_\_\_\_\_ Discharge to \_\_\_\_\_